

CHAPTER 12 CULTURAL RESOURCES

The following section presents the potential impacts to cultural and paleontological resources within the proposed project area. An Archaeological Resources Report and a Historic Architectural Survey Report for the DeWitt Center Study Area were prepared and are included in the *DeWitt Center Existing Conditions Report* (NFA/URS 2002).

12.1 SETTING

Archaeological Setting

As a background to discussion of archaeological resources within the vicinity of the project area, overviews of prehistory, ethnography, and history are provided below.

The Auburn vicinity is within the ethnographic territory of the Nisenan, one of three Maiduan speaking tribelets inhabiting the northeastern half of the Sacramento Valley and the adjoining western slopes of the Sierra Nevada. Also known as the Southern Maidu, the Nisenan inhabited several named villages near present day Auburn (Wilson and Towne, 1978: Figure 1).

The Nisenan made their home along tributaries and drainages of the American, Yuba, and Bear Rivers and the lower reaches of the Feather River. Permanent settlements were often located on low rises near larger streams, with seasonal encampments located along smaller drainages (Wilson and Towne, 1978).

Initial Euro-American use of the Auburn vicinity did not occur until after the discovery of gold near Coloma in 1848. Although Spanish missionaries and later American trappers entered the general region, no accounts of visits to the Auburn vicinity are known. With the Gold Rush, however, the region became heavily populated with prospectors, entrepreneurs, and others seeking their fortune in the goldfields. The present day community of Auburn arose from a mining camp that was known successively as Rich Dry Diggings, North Fork Dry Diggings, Wood's Dry Diggings, and ultimately Auburn. During the ensuing decades many became disenchanted with the search for gold and turned to other means of making a living. In the Auburn vicinity, various agricultural practices (e.g., cattle ranching, fruit orchards) became common economic pursuits.

For a more detailed cultural archaeological setting the reader is referred to the Archaeological Resources Chapter of the *DeWitt Center Existing Conditions Report* recently completed by URS (NFA/URS 2002). For the development of the *DeWitt Center Existing Conditions Report*, URS completed a review of ethnographic and historic literature and maps, archaeological base maps and site records, survey reports, and atlases of historic places on file at the North Central Information Center of the California Archaeological Inventory at California State University Sacramento. In addition, a review of the Sacred Lands File housed within the Native American Heritage Commission (NAHC) and consultation with local Native American groups and individuals identified by the NAHC was completed. Lastly, that effort included a pedestrian reconnaissance of the entire DeWitt property. The Archaeological Resources Chapter of the *DeWitt Center Existing Conditions Report* (NFA/URS 2002) revealed that one archaeological resource site has been identified within DeWitt Center, but not within the currently defined proposed DeWitt Government Center Facility Plan project sites.

In addition to the review of the *DeWitt Center Existing Conditions Report* (NFA/URS 2002), letters detailing the current project were sent to the local Native American groups and individuals identified by the NAHC during the development of the *DeWitt Center Existing Conditions Report*. No responses were received.

Historical Architectural Setting

History

A review of historic materials revealed that the Auburn area witnessed a great amount of Euro-American use, although it was not until after the discovery of gold at Sutter's Mill in 1848 that Euro-American people began entering the region en masse. The general area of the northern Sierra foothills was visited by non-native peoples prior to that year. Gabriel Moraga, under the flag of Spain, led an expedition from Mission San Jose up to the Cosumnes and Feather Rivers in 1808. In 1813, Jose Arguello reached the Cosumnes River, where he battled a band of hostile Miwok. Narciso Duran and Luis Arguello left San Francisco in 1817 and passed through the region on their expedition. Arguello is credited with naming the Feather River, his El Rio de Las Plumas (Beck and Haase 1974; McGowan 1961).

Following the Spanish entrance, this region of California was visited by American trappers looking for new areas to exploit. Beck and Haase (1974) indicate that Jedediah Smith, Joseph Walker, and Ewing Young passed through the region on their journeys through California.

Captain John Sutter was granted his roughly 1,000 square mile "New Helvetia" ranch near present day Sacramento in 1839. It was from Sutter's Mill, near present day Coloma, that John Marshall discovered gold in 1848. Soon afterwards the famous gold rush began and the region became quickly populated with prospectors, entrepreneurs, and others (Bean 1977; Lavender 1972; McGowan 1961).

Gold Mining

The Auburn vicinity was one of the first areas in California to be subjected to the onslaught of the gold seekers. In May of 1848, while en route to Coloma, Claude Chana discovered gold in what is now known as Auburn Ravine. With this local discovery, the Auburn area became a focal point for the initial wave of miners. The mining camp that sprang up in the Auburn Ravine vicinity was known successively as Rich Dry Diggings, North Fork Dry Diggings, and Wood's Dry Diggings. In the summer of 1849, a large group of miners from Auburn, New York renamed the camp Auburn in honor of their former home (Gudde 1968, 1974; Hoover et al., 1990).

The early mining activities were focused upon the extraction of gold from the many streams within the vicinity. The early placer mining was conducted utilizing a number of devices including the common miner's pan, the batea (a wooden pan of Mexican origin), the cradle (also known as a rocker), an elongated cradle known as the Long Tom, and the sluice box. Of these, the sluice box was the most efficient and thus the most profitable (Averill 1948:19; Logan 1948:31).

When it was discovered that the extinct streambeds located above the current stream courses also contained placer deposits, another period of inventiveness occurred. The first solution was to simply carry soil to one's sluice box or cradle. This was followed by the method referred to

as ground sluicing, where water was brought to the top of the deposit and allowed to run down-slope. The runoff, with the help of the miner(s), eroded the deposit and became laden with gold bearing soil. As this slurry ran downhill it was directed into sluices and the gold collected (Logan 1948:31). The early diggings in Auburn were evidently quite productive. It is reported, “during the peak of productiveness it was not unusual for a man to take out \$1,000 to \$1,500 a day” (Hoover et al. 1990:260).

Hydraulic mining, perhaps the most efficient and most destructive advancement in placer mining, was invented in neighboring Nevada County. As a means to wash hillside deposits into sluices, Edward E. Mattison devised a ditch and reservoir intake system that fed water into a four- to five-inch-diameter canvas hose tipped with a sheet iron nozzle. The resulting pressurized stream was directed at the gold bearing deposits and, as with ground sluicing, the flow was directed into sluices (Logan 1948:31). Many of the canals, ditches, and flumes that occur within the vicinity of DeWitt Center were components of former hydraulic mining operations.

Hard-rock gold mining, the extraction of ore from a gold-bearing quartz vein, was also practiced in the Auburn area though not to the degree as that of its northern neighbors Grass Valley and Nevada City. A review of the Mineral Land Classification of Placer County, prepared by the California Division of Mines and Geology (Loyd 1961) indicates that a prospect or mine is within close proximity to DeWitt Center. Loyd, citing page 24 of the Report of the State Mineralogist (State of California 1936), identifies the mine/prospect as the Black Ledge, located in T13N, R8E, Section 32. Loyd’s primary reference (Report of the State Mineralogist 1936) is confusing. The Black Ledge is not discussed on the indicated page (i.e., page 24); rather, on page 25 reference is made to a “Black Lead, a former producer,” which lies nearby to the south of the Two Orphans prospect in T13N, R8E, Section 30. No details are provided regarding specific location, vein orientation, or production history. As only township and range are provided, the exact location of the mine/prospect remains in question.

Mining Ditches and Canals

By one count, approximately seven hundred miles of mining ditches and flumes were built in Placer County through 1865 (JRP Historical Consulting Services 2000). These were built, at first, to supply water for washing soil at “dry diggings” (gold regions not adjacent to rivers), and later, for hydraulic mining. The most profitable of these were short ditches, for which initial construction and maintenance costs were low. Even shorter ditches, however, were expensive to build, and generally required the cooperation of several mining companies. Eventually, companies formed for the exclusive purpose of building canals and supplying water to miners for fees. Some of their works were very ambitious, involving the construction of dams, reservoirs, tunnels, high trestle flumes, and many miles of canals. In Placer County, the three principal water companies of the early 1850s merged in 1854 to form the South Yuba Water Company. Among the canals that were owned by South Yuba were the Upper Boardman, Lower Boardman, and Fiddler’s Green canals. Each of these was located a few miles east of the Ophir Canal, a portion of which was located on the proposed DeWitt Government Facility Plan project site (Kostura pers. comm.).

Ophir Canal

The Ophir Canal appears to have been constructed between 1887 and 1894. The Ophir Canal is not depicted on the 1887 official map of Placer County (Uren 1887). However by 1894, the South Yuba Water and Mining Company's listing of active canals notes that the Ophir Canal was 10 miles long, had a flow of 13 cubic feet of water per second, and was capable of delivering 8,500,000 gallons of water per day (Kostura pers. comm.).

The canal was built to supply water to the mines at Ophir, a small mining town several miles south of the proposed DeWitt Government Center Facility Plan project site. Today, Ophir is State Historic Landmark #463. A state historic plaque at the town states that Ophir was founded in 1849, was the most populous town in Placer County in 1852, and was later a center of quartz mining activity. The water that was delivered by the Ophir Canal was needed to power stamp mills and to wash soil for the recovery of minerals (Kostura pers. comm.).

The Ophir Canal was part of the South Yuba Water and Mining Company's holdings until 1911, when the Pacific Gas and Electric Company purchased the Placer County holdings of the South Yuba Water Company. The Ophir Canal was owned by the Pacific Gas and Electric Company from 1911 until 1933, when the Nevada Irrigation District purchased Pacific Gas and Electric's Gold Hill System, including the Ophir Canal" (Kostura pers. comm.). The following excerpt is from the *Historic Architectural Survey Report for the Proposed Home Depot Project* (Kostura pers. comm.).

"Other canals in Placer County remained independently owned into the 1920s. Long before this date, mining had largely ceased in the Sierra foothills, and canals began to be used for agricultural purposes. A number of canals were incorporated into the Nevada Irrigation District (NID) in the 1920s. The NID is a public agency that was formed in 1921 by an act of Nevada County voters. Its purpose was to create a year-round water supply for farmers within the district, which then comprised 202,000 acres. The NID was enlarged to 268,000 acres in 1926 when a portion of Placer County was added to it. The NID inherited numerous canals, irrigation ditches, flumes and dams, and after its creation it built many more facilities. Today, the NID owns 400 miles of canals and 300 miles of pipelines. It has diversified its mission and now supplies water for agricultural, industrial, municipal, domestic and hydroelectric purposes."

Relocation of a Portion of the Ophir Canal

To make room for the construction of DeWitt General Hospital, a portion of the Ophir Canal was reconstructed and slightly relocated. This segment, today known as the Combie 3 Canal (also called the Ophir Canal and the Kemper Canal), includes the portion that runs in a straight line alongside 1st Street, plus that which curves around the (now abandoned) earthen reservoir ("DeWitt General Hospital, near Auburn, California, Layout Plan" 1944, and USGS 1944 and 1954.)

Water from the Combie 3 Canal was supplied to DeWitt General Hospital. A report that was prepared in February 1946, shortly after the hospital closed, revealed that the hospital purchased raw water from the NID, and then filtered and chlorinated the water, and pumped it into the hospital's distribution system (Laughbaum and Norgaard 1946). The hospital's open,

earthen reservoir was located immediately south of the terminus of the relocated Ophir Canal (Combie 3 Canal). The water treatment plant and an enclosed, concrete water storage tank were located a short distance east of the canal. Thus, the reconstructed canal became part of the infrastructure of DeWitt General Hospital (Kostura pers. comm.).

DeWitt General Hospital, 1943-1946

In anticipation of America's possible entry into World War II, the United States began a limited mobilization of troop strength and development of facilities in 1939. Along with the construction of military barracks and other facilities, the United States Army commenced planning for the expansion of its hospital facilities on American soil.

Hospital development took several forms during the years 1940-1944. Initially, patient beds were added to existing hospital facilities, as this was the fastest way of increasing patient capacity in the United States. When this method proved inadequate, new hospitals were developed in two ways. One was to acquire existing civilian facilities, such as hotels, hospitals, and schools, and to convert them into army hospitals. Another method was to build large complexes of wooden hospital buildings called Cantonment hospitals. Later, the need for hospitals of more permanent materials was found to be desirable, and so brick was used in hospitals of the Semi-permanent type. The patient wards in these complexes were two stories in height. By the middle of 1942 further refinements were made, and a new hospital type, called Type A, was developed. These hospitals also were made of brick, and employed patient wards of one story. DeWitt General Hospital was one of sixteen army hospitals built to this plan in the United States during 1943 and 1944.

A New York architectural firm, York and Sawyer, was hired to draw plans for the Type A hospital complex in the fall of 1942. York and Sawyer was a major architectural firm with a long history of designing large buildings and complexes. Founded in 1898, both of the original partners, Edward Palmer York and Philip Sawyer, had worked for the prestigious firm McKim, Mead, and White, and one of them, Sawyer, had worked as an engineer and attended the Ecole des Beaux Arts in Paris. Their work previous to the Depression was characterized by an often monumental classicism. They specialized in large office buildings, banks, hospitals and colleges, and were sometimes consultants to the Federal government, as in the development of the Federal Triangle in Washington D.C. Their work on large complexes, including hospitals, and their contacts with the Federal government prepared them for the task of designing Type A hospitals in World War II.

All of the new hospitals that were built for the Army in World War II – Cantonment, Semi-permanent, and Type A hospitals – conformed to the pavilion plan. The pavilion plan was originally developed in the late eighteenth century. It was popularized, and the form was greatly refined, by Florence Nightingale as a result of her experiences in the Crimean War (mid-1850s). Believing that disease spread through harmful vapors that were emitted by the body, she pushed, with great success, for hospitals that admitted plenty of fresh air and light to each patient. She felt that large, monolithic, block-shaped hospital buildings were poorly designed for achieving these ends, whereas hospitals that were dispersed in plan could admit the air and light that was necessary for health. Instead of one large building, Nightingale favored numerous buildings of one or two stories in height. Buildings should not be so close to each other as to cast shadows on each other or interfere with air flow around and through buildings.

Buildings could be connected by corridors, but there should be no enclosed courts or high walls. Buildings should be no more than thirty feet in width and arranged on a north-south axis for maximum exposure to natural light.

The pavilion plan was first widely used for military hospitals in Europe and America in the second half of the nineteenth century. They were also used for non-military hospitals, especially from the late nineteenth century to the mid-twentieth century. Pavilion plan hospitals continued to be built until the proliferation of new technologies radically changed hospital design in the 1950s. Thus, World War II military hospitals were among the last pavilion plan hospitals to be built.

As the pavilion plan developed in urban areas, where real estate was valuable, hospitals sometimes grew to many stories, but in accordance with pavilion principles wings were narrow and were widely separated from each other.

During World War II, the development of Army hospitals saw a return to early pavilion plan design principles in one important respect. Nearly all of the new Army hospitals were built on the outskirts of cities or in the interior of the country, where land was plentiful. Accordingly, these hospitals were dispersed in plan and were composed of buildings that were only one or two stories in height.

Many factors determined the locations chosen for general hospitals. Early policy was to place hospitals near large army training camps. These camps, however, were rarely near large population centers, and hospitals thus lacked access to a civilian work force to staff positions. In early 1942, fear of air attack from overseas led to a decision to place hospitals in the interior of the country, between the Appalachians and Sierras. Unfortunately, the ports of debarkation were located on the coasts, and this policy made it difficult to get patients from the Pacific and European theaters to the hospitals. This policy was modified later in 1942, and later rescinded. In the end, more than half of the general hospitals were located in coastal states. Proximity to rail lines, moderate weather, and flat terrain were other desirable characteristics that helped determine the location of hospitals.

One factor that was not considered until almost all hospital locations had been decided was the proximity of hospitals to the hometowns of the wounded soldiers. At length, the War Department did decide that sending soldiers to hospitals near their homes would be a worthwhile policy. As one of the last hospitals to be designated, DeWitt was built in accordance with this policy. Although Auburn had a population of only 4,013 in 1940, it was close to Sacramento and many small towns in the Sierra foothills. Its other advantages were moderate weather and a flat terrain.

Many communities lobbied to be selected as the sites of hospitals. Stimulation of the local economy, a desire to sell land to the government that had little value, and perhaps a patriotic desire to support the troops led certain communities to make this overture. The campaign to bring a hospital to Auburn commenced with an editorial, in 1942, in the *Placer Journal*. The local Chamber of Commerce joined the effort, as did Congressman Harry L. Englebright, from nearby Nevada City, and representative for Placer, Nevada, and Yuba counties. Upon his death in 1943, while the hospital was under construction, the *Placer Journal* credited his efforts as being decisive.

Auburn was chosen as the location of DeWitt General Hospital on March 25, 1943. The chosen site had been known as the Grange Hall property, in the Rock Creek vicinity, after an old grange hall that still stands very near to DeWitt. By the end of April, construction contracts were signed with MacDonald and Kahn, a major contracting firm from San Francisco, which had been one of the “Six Companies” responsible for building Hoover Dam. Designs for nearly all buildings at DeWitt were according to the standard plans for Type A hospitals drawn by architects York and Sawyer. Construction was swift, for some of the buildings were completed by the end of August 1943. According to the *Placer Herald* of January 8, 1944, the first two patients arrived on January first, but DeWitt officially received patients in February and was formally opened with a flag raising in early March.

It appears that the 1,852 patient beds at DeWitt were generally filled. Harriet Berner, who visited patients on a daily basis as a volunteer during the war, remembers clearly that “every bed was filled,” and that the wards were “full to capacity.” June Ferretti, a civilian who worked six days a week in the signal corps, operating the telephone switchboard and teletype, also states that DeWitt was a busy place, and the wards were pretty much filled to capacity. The busiest moment in DeWitt’s history during the war may have been in November 1944, when a Union Pacific train derailed near Colfax. Ambulances, doctors, and nurses were sent there from DeWitt and returned with the injured, numbering sixty civilians and eighteen soldiers. According to a 1984 article, DeWitt treated a total of 9,741 patients during its nearly two years of operation (Leonard 1984, Berner 2002, and Ferretti 2002).

Badly wounded soldiers came to DeWitt regardless of whether it was close to their hometowns. June Ferretti remembers that as soldiers recuperated, they would be transferred to hospitals that were closer to their homes. Likewise, soldiers from northern California would arrive at DeWitt once they were able to be moved. Some patients were even sent to their homes and family to recuperate. Patients came and went with frequency.

Harriet Berner estimates that “at least eighty percent” of the patients at DeWitt were wounded in the European theater. June Ferretti agrees that patients were from both theaters. The hospital, of course, was much closer to the Pacific theater of war. This suggests that the Army did indeed make a special effort to place patients in general hospitals close to their hometowns; otherwise, most patients would have been from the Pacific theater.

A wide variety of surgeries were performed at DeWitt. Patients needed amputations, treatment for severe facial wounds, and brain surgery, among other conditions. Many patients needed extended rehabilitation for missing limbs, missing heels, or paralysis (NFA/URS 2002).

The hospital was closed at the end of World War II.

Use of DeWitt as a Mental Hospital, 1946-1971

With an eye on the local economy, residents of Auburn lobbied for the hospital site to be re-used in some way upon the end of the war. Many preferred that DeWitt become a Veterans Administration hospital, a use that was rejected. Instead, the federal government sought to divest itself of the property by selling it to the state. Appraisers determined that, because of the moderate weather, the best use of the property might be as a tuberculosis sanitarium. Use as a mental hospital was considered impractical because the dispersed arrangement of the buildings

would necessitate a large staff, resulting in high operational costs, and Auburn's small population would make it difficult to assimilate such a staff in the town. Other uses, such as housing or industry, were rejected because DeWitt's location a few miles north of the town proper was then considered to be a substantial distance.

The state's existing mental institutions, however, were overcrowded at the time, by 6,300 patients, or about 24 percent of the total patient population. Although the state had recently funded the building of new institutions, the program was not expected to be complete until 1951, by which time the existing institutions were expected to be even more overcrowded. Thus, the decision was made for the state to acquire DeWitt and to devote it to use as a mental hospital. Interior remodeling of buildings and upgrading of equipment was performed, and the name was changed to DeWitt State Hospital.

Density of patient beds was increased over that of the war years with 1,900 patients in September 1947, a capacity of 2,500 in March 1948, and a capacity of 2,900 in September 1948. In 1952, 700 staff were employed to care for 3,000 patients. At first patients arrived only from other, overcrowded, state mental hospitals, but in 1950 new patients, from Modoc, Lassen, Plumas, Sierra, Nevada, Yuba, Sutter, Placer, and El Dorado counties, were admitted. It was announced in 1952 that patients would soon be admitted from Yolo, Butte, and Sacramento counties, as well.

DeWitt became the eighth state mental hospital in the history of California. The first, in Stockton, opened in 1853. As the population of the state grew, new mental hospitals were built by the state at Napa (1875), Agnews (1889), Mendocino (1894), Patton (1894), Metropolitan (1916), and Camarillo (1937). Besides DeWitt, the post-war expansion of the mental health system included hospitals at Modesto (1948) and Atascadero (1954).

Treatment of and attitudes toward the mentally ill fluctuated over the years. At Stockton during the 1850s, under the brief administration of Dr. Robert Reid, patients were treated with kindness and respect and allowed outdoor activities. After the Civil War, there was an increasing tendency to keep patients locked up, or warehoused. This trend continued through the end of the century. After 1907, at Agnews, a much more enlightened era dawned under Dr. Leonard Stocking, who directed the construction of a new hospital complex. There, different types of buildings were designed to serve the varied needs of the patients, or inmates, and an extensive program of recreational activities was developed to aid patients in their recovery. Agnews became a model for mental hospitals that followed over the next decade or two. In still later years, new treatments such as hydrotherapy, electroshock therapy, drug therapy, and lobotomies were developed and used in California as well as across the United States. In 1971, under Gov. Ronald Reagan, major changes occurred in California as many state mental institutions were closed, and patients were transferred to group homes or released. (NFA/URS 2002).

Use by Placer County of DeWitt Center, 1971-present

In 1971, DeWitt along with most other state mental hospitals was closed. The property was transferred to Placer County. Since then, the DeWitt complex has been used by the County for many of its offices and other services and has been known as DeWitt Center.

Results of Historic Architecture Survey

A survey was conducted to identify historic architectural resources within the proposed project area. The findings of this survey were originally presented in the Historic Architectural Survey Report Section in the *DeWitt Center Existing Conditions Report* (NFA/URS, 2002). The report identified and evaluated the properties greater than 45 years of age within DeWitt Center for eligibility for listing on the National Register of Historic Places (NRHP) and the California Register of Historical Resources (CRHR). The report found that a number of structures greater than 45 years of age exist in the proposed DeWitt Government Center Facility Plan project area, specifically within the project sites for the Wastewater Treatment Plan demolition, Land Development Building, and other building demolition. These structures were constructed in 1943 as part of DeWitt General Hospital. The DeWitt General Hospital Historic District appears to be eligible as a historic district for the NRHP under criteria A and C and the CRHR under criteria 1 and 3. Under criterion A, properties may be eligible for the National Register if they “are associated with events that have made a significant contribution to the broad patterns of our history.” Under criterion C, properties “that embody the distinctive characteristics of a type, period, or method of construction, or that represent the work of a master, or that possess high artistic values, or that represent a significant and distinguishable entity whose components may lack individual distinction,” can also be eligible for the National Register (National Register Bulletin 15, p. 2.).

National Register Criterion A

As discussed in the *DeWitt Center Existing Conditions Report*, DeWitt General Hospital is one of a few survivors of the many large hospitals built to treat World War II soldiers. “As this war was one of the most significant events in the history of this country, a variety of buildings and complexes that were built to advance its cause are likely to be eligible for the National Register” (NFA/URS 2002). Other buildings and facilities associated with World War II that are likely to be eligible include major examples of military training camps; munitions, aircraft, ship, and tank factories; office complexes; and sites associated with the development of the atomic bomb.

Based on research conducted in preparation of the *DeWitt Center Existing Conditions Report* and on research in the Federal Archives, DeWitt General Hospital appears to be one of the most intact examples of a hospital built in the United States for World War II. “Under Criterion A, then, DeWitt General Hospital appears to be eligible for the National Register at both the national and local levels. The Period of Significance is 1944-1945, the years the complex functioned as an army hospital” (NFA/URS 2002).

National Register Criterion C

The *DeWitt Center Existing Conditions Report* also discusses DeWitt Hospital as an example of the large-scale planning and construction that was required during the war as part of the mobilization of U.S. forces. “The architectural firm, York and Sawyer, and the general contractor, MacDonald and Kahn, both had extensive experience in the construction of very large projects before the war, in both the public and private sector, and were capable of building a complex of dozens of buildings rapidly. The hospital complex was a large, self-contained community of over 2,000 people. As such, it included, in addition to hospital facilities, employee housing, extensive recreational facilities, and a nearly complete utility infrastructure (only electricity came from outside the property)” (NFA/URS 2002). The *DeWitt Center Existing*

Conditions Report documents the recreation facilities included in the hospital, and notes that this hospital included more such facilities than other hospitals of the time. This contributes to the classification of DeWitt General Hospital as an “exceptional” example of design and planning.

As discussed above, DeWitt General Hospital was constructed as a “pavilion plan,” consisting of numerous buildings of one or two stories in height with courtyard spaces between each building to ensure that light would reach most interior spaces and to provide for better air circulation. “While many examples of pavilion plan hospitals remain in this country, DeWitt is remarkable because it was a response to the very particular problems posed by World War II. It had to be built on a large scale with both speed and economy, while maintaining fairly high standards regarding patient comfort, fire-resistance, and durability. It was a return to the values espoused by Florence Nightingale in the 1850s in that its ward buildings were only one story in height and possessed sunrooms. Both of these features gave patients access to fresh air and natural light” (NFA/URS 2002).

“Under Criterion C, then, DeWitt General Hospital appears to be eligible for the National Register at the national level. The Period of Significance with respect to Criterion C is 1942-1945, the years the complex was designed and built” (NFA/URS 2002).

The rebuilt segment of the Ophir Canal (Combie 3 Canal), along with a pump house and flume was also evaluated with historic significance. The canal, pump house, and flume were separately evaluated (Kostura pers. comm.), and found to also be contributing elements of the DeWitt Hospital District. These elements are located east of 1st Street, which is outside of the boundaries of the DeWitt Government Center Facility Plan (2003 – 2010) project area.

California Register of Historical Resources

Similarly, DeWitt General Hospital also appears to be eligible for the California Register of Historical Resources under criteria 1 and 3 for the same reasons as those stated for the National Register.

The DeWitt General Hospital Historic District’s significance in relationship to its history as a state mental hospital beginning in 1946 was not addressed in this evaluation. More research would be required to determine if the DeWitt General Hospital Historic District is eligible under the National and California Registers for this association. Similarly, its significance as one of five state mental hospitals that still stand and for its ability to represent trends in mental health and treatment during the 1940s and 1950s (NFA/URS 2002) would require additional research.

In summary, due to its eligibility for inclusion on both the National Register and California Register, for the purposes of CEQA, the DeWitt General Hospital Historic District is considered a historic resource.

Paleontological Setting

Paleontological resources are tied directly to the geologic units of the study area, which are described in detail in **CHAPTER 11, GEOLOGY** of this EIR. DeWitt Center is underlain by rocks known as the Smartville Complex, which are composed of mafic/intermediate volcanic and plutonic rocks. Inherent to the geologic origin of these rocks, it is likely that they do not contain

paleontological resources. Fossils are typically found in sedimentary rocks, which are formed by the deposition, burial, and cementation of sediment on the earth's surface. Plutonic rocks crystallize deep within the earth's crust and volcanic rocks, although formed on the earth's surface, are usually deposited at such high temperatures and in such dynamic environments that any potentially fossil-forming material is obliterated during the depositional process.

Databases of known invertebrate, plant, and vertebrate fossil localities maintained by the University of California Museum of Paleontology (UCMP) were searched to see if any localities were known in the vicinity of DeWitt Center. DeWitt Center was not listed in the databases. Although the database of invertebrate fossil localities is not complete, it is considered the most complete resource that is reasonably available (Haasl, 2003).

In light of the geologic origin of the rocks in the area and the results of the database searches, the potential for paleontological resources to exist on DeWitt Center and the specific project sites is very low.

12.2 REGULATORY FRAMEWORK

State and Federal Plans, Programs and Policies

Cultural resources are defined as buildings, sites, structures, or objects, each of which may have historical, architectural, archaeological, cultural, and/or scientific importance. Numerous laws, regulations, and statutes on both the federal and State levels seek to protect and target the management of cultural resources. These include Antiquities Act of 1906; Historic Sites Act of 1935; Reservoir Salvage Act of 1960; National Historic Preservation Act of 1966; National Environmental Policy Act of 1969; Executive Order 11593 (Projection and Enhancement of the Cultural Environment, 5/13/1971); 36 CFR 800 and CFR 60 (Advisory Council on Historic Preservation: Protection of Historic and Cultural Properties, Amendments to Existing Regulations, 1/30/1979, National Register of Historic Places, Nominations by States and Federal Agencies, Rules and Regulations, 1/9/1976); Revisions to 36 CFR 800 (Protection of Historic Properties, 1/10/1986); Archaeological and Historical Preservation Act of 1974; American Indian Religious Freedom Joint Resolution of 1978; Archaeological Resources Protection Act of 1979; Native American Graves Protection and Repatriation Act of 1990; California Native American Graves Protection and Repatriation (2001); California Public Resources Code Sections 5020, 5097.9, 7050.5, and 70510; Administrative Code, Title 14, Section 4307; and the California Environmental Quality Act. Collectively these regulations and guidelines establish a comprehensive program for the identification, evaluation, and treatment of cultural and paleontological resources.

CEQA requires that public or private projects financed or approved by agencies of the state must assess the effects of the project upon cultural resources. CEQA requires that, if project implementation results in significant effects to important cultural resources, alternative plans and/or mitigation measures must be considered. However, only "important" cultural resources need to be addressed. Under CEQA, important cultural resources are those that are either listed or eligible to be listed on the National Register of Historic Places (NRHP); listed or eligible to be listed on the California Register of Historical Resources (CRHR); registered or eligible to be registered as a State Historical Landmark; or included in any responsible local inventory of historic properties.

In considering impact significance under the California Environmental Quality Act (CEQA), the significance of the resource itself must first be determined. At the state level, consideration of significance as an “important archaeological resource” is measured by cultural resource provisions considered under CEQA Sections 15064.5 and 15126.4, and the draft criteria regarding resource eligibility to the CRHR.

Generally under CEQA, a historical resource (these include built-environment historic and prehistoric archaeological resources) is considered significant if it meets the criteria for listing on the CRHR. As of January 1, 1998 for a cultural resource to be deemed “important” under CEQA and thus eligible for listing to the CRHR, it must meet at least one of the following criteria:

- a) The resource is associated with events that have made a significant contribution to the broad patterns of California History and cultural heritage;
- b) The resource is associated with the lives of persons important to our past;
- c) The resource embodies the distinctive characteristics of a type, period, region, or method of construction, or represents the work of an important creative individual, or possesses high artistic value; or,
- d) The resource has yielded, or may be likely to yield, information important in prehistory or history.

Section 15064.5 of CEQA also assigns special importance to human remains and specifies procedures to be used when Native American remains are discovered. These procedures are detailed under California Public Resources Code (PRC) Section 5097.98.

Impacts to “unique archaeological resources” and “unique paleontological resources” are also considered under CEQA, as described under PRC 21083.2. A unique archaeological resource implies an archaeological artifact, object, or site about which it can be clearly demonstrated that—without merely adding to the current body of knowledge—there is a high probability that it meets one of the following criteria:

- a) The archaeological artifact, object, or site contains information needed to answer important scientific questions, and there is a demonstrable public interest in that information;
- b) The archaeological artifact, object, or site has a special and particular quality, such as being the oldest of its type or the best available example of its type; or
- c) The archaeological artifact, object, or site is directly associated with a scientifically recognized important prehistoric or historic event or person.

A non-unique archaeological resource indicates an archaeological artifact, object, or site that does not meet the above criteria. Impacts to non-unique archaeological resources and resources which do not qualify for listing on the CRHR receive no further consideration under CEQA.

Auburn/Bowman Community Plan

The *Auburn/Bowman Community Plan* provides goals and policies with the aim of preserving historical, cultural, and/or archaeological resources. Those goals and policies applicable to the proposed DeWitt Government Center Facility Plan are listed below.

- Goal IV.E.2a.** Preserve and enhance significant historical, cultural, and/or archaeological sites and the surrounding environment.
- IV.E.3.a Identify and protect from destruction and abuse all representative and unique historical, cultural, and archaeological sites and their immediate environment.
- IV.E.3.c Encourage the development of multipurpose facilities which can function as recreational sites, open space areas and for historic, cultural, and archeological preservation.
- IV.E.3.d Require site-specific studies for archaeological or historical sites within the federal government's definition of "historical context" in all instances where land development has the potential to have a detrimental impact on these sites.
- IV.E.3.e Protection of significant cultural resources is a priority over recordation and/or destruction.

Placer County General Plan

The *Placer County General Plan* also establishes goals and policies regarding the preservation of historical, archaeological, paleontological, and cultural resources. Those goals and policies pertinent to the proposed project are listed below.

- Goal 5.D** To identify, protect, and enhance Placer County's important historical, archaeological, paleontological, and cultural sites and their contributing environment.
- 5.D.3 The County shall solicit the views of the Native American Heritage Commission and/or the local Native American community in cases where development may result in disturbance to sites containing evidence of Native American activity and/or to sites of cultural importance.
- 5.D.6 The County shall require that discretionary development projects identify and protect from damage, destruction, and abuse, important historical, archaeological, paleontological, and cultural sites and their contributing environment. Such assessments shall be incorporated into a countywide cultural resource data base, to be maintained by the Department of Museums.
- 5.D.7 The County shall require that discretionary development projects are designed to avoid potential impacts to significant paleontological or cultural resources whenever possible. Unavoidable impacts, whenever possible, shall be reduced to a less than significant level and/or shall be mitigated by extracting maximum recoverable data. Determinations of impacts, significance, and mitigation shall be made by qualified archaeological (in consultation with recognized local Native American groups), historical, or paleontological consultants, depending on the type of resource in question.

- 5.D.8 The County shall, within its power, maintain confidentiality regarding the locations of archaeological sites in order to preserve and protect these resources from vandalism and the unauthorized removal of artifacts.
- 5.D.9 The County shall use the State *Historic Building Code* to encourage the preservation of historic structures.
- 5.D.10 The County will use existing legislation and propose local legislation for the identification and protection of cultural resources and their contributing environment.
- 5.D.11 The County shall support the registration of cultural resources in appropriate landmark designations (i.e., National Register of Historic Places, California Historical Landmarks, Points of Historical Interest, or Local Landmark). The County shall assist private citizens seeking these designations for their property.

12.3 IMPACTS

Significance Criteria

Potential significant impacts associated with cultural resources have been evaluated using the following criteria from Appendix G of the CEQA Guidelines and from CEQA Section 15064.5. A project impact would be significant if:

- The proposed project could cause substantial adverse change in the significance of a historical resource (i.e., a cultural resource eligible for the CRHR),
- The proposed project could cause a substantial adverse change in the significance of an archaeological resource (defined as a unique archaeological resource which does not meet CRHR criteria),
- The proposed project could directly or indirectly destroy a unique paleontological resource (i.e., where the project would directly or indirectly destroy a site or resources), or
- The proposed project could disturb any human remains, including those interred outside of formal cemeteries (i.e., where the project would disturb or destroy burials).

Under CEQA only those cultural resources deemed historically significant (e.g., CRHR- or NRHP-eligible) can be impacted by project implementation. A non-unique archaeological or paleontological resource is given no further consideration, other than the simple recording of its existence, by the Lead Agency.

Potentially Significant Impacts**Impact 12.1 Damage to Archaeological or Paleontological Resources From Directly or Indirectly Destroying a Unique Archaeological or Paleontological Resource or Disturbance to Any Human Remains, Including Those Interred Outside of Formal Cemeteries, if Inadvertently Exposed During Construction.**

Significance Before Mitigation:	Potentially Significant
Mitigation:	12.1a through 12.1c
Significance After Mitigation:	Less than Significant

No cultural or paleontological resources are known to exist within the project sites. During construction of the proposed project, previously undiscovered cultural or paleontological resources could be inadvertently exposed during grading or excavation activities. This would be a potentially significant impact of the proposed project.

If resources are exposed, this potential impact would be mitigated to a less than significant level by implementing Mitigation Measure 12.1a, which requires that ground disturbing activities halt temporarily until a qualified professional archaeologist or paleontologist, the Placer County Planning Department, and the Placer County Department of Museums are consulted. If the discovery includes human remains then the Placer County Coroner and Native American Heritage Commission must also be contacted. Work in the area may only proceed after authorization is granted by the Placer County Planning Department. The qualified professional archaeologist or paleontologist in consultation with the appropriate parties shall assess the resource and provide proper management recommendations. Commonly implemented management techniques are identified in Mitigation Measures 12.1b and 12.1c. With implementation of these mitigation measures, this impact would be reduced to a less than significant level.

Impact 12.2 Substantial Adverse Change in the Significance of a Historical Resource Through Demolition and/or Alteration

Significance Before Mitigation:	Significant
Mitigation:	12.2a through 12.2c
Significance After Mitigation:	Significant and Unavoidable

The proposed demolition and construction would result in substantial adverse changes to the identified Historic District at DeWitt Center, which has been identified as potentially eligible for listing in the National Register of Historic Places (NRHP) and the California Register of Historic Resources (CRHR) under criteria A and C for the national register and criteria 1 and 3 for the state register. By nature of being potentially eligible for listing, the Historic District is considered a cultural resource for the purposes of CEQA.

The DeWitt Government Center Facility Plan project would locate new facilities within the DeWitt General Hospital Historic District and would demolish contributing features of this district. The proposed project would result in the demolition of the following contributing features of the DeWitt General Hospital Historic District:

- Building 1: Administration Building

- Buildings 2, 3, 4, and 5: Officers' and Nurses Residences
- Building 7: Officers' Club
- Building 8: Mess Room for Officers
- Buildings 15, 16, 17, 18: Medical Buildings
- Buildings 201 through 205: Neuropsychiatric Patient Wards
- Buildings 206, 207, and 211 to 217: Patient Wards
- Brick corridors connecting buildings 15 through 18
- Brick corridors connecting patient wards

Under CEQA, a project is considered to have a significant impact on the environment if it causes a substantial adverse change in the significance of a historical resource. CEQA Guidelines, Section 15064.5(b)(1) states "substantial adverse change in the significance of a historical resource means physical demolition, destruction, relocation, or alteration of the resource or its immediate surroundings such that the significance of the resource would be materially impaired." Section 15064.5(b)(2) states, in part, "the significance of an historical resource is materially impaired when a project... (A) [D]emolishes or materially alters in an adverse manner those physical characteristics of an historical resource that convey its historical significance and that justify its inclusion in, or eligibility for, inclusion in the California Register of Historical Resources."

Under NRHP/CRHR criterion A/1, the DeWitt General Hospital Historic District is significant for its history as a rare, and perhaps unique (based on research in the Federal Archives), survivor among the many large hospitals built in the United States during World War II. Under NRHP/CRHR criterion C/3, the DeWitt General Hospital Historic District is significant as an example of the large-scale planning and construction that was required during World War II and as a distinctive example of a pavilion plan hospital. Demolition of contributing features of the DeWitt General Hospital Historic District would lessen the integrity of this historic district's design, materials, workmanship, setting, feeling, and association. Mitigation has been identified to lessen the impacts of demolition. However, mitigation will not lessen the impact to a less than significant level and therefore demolition would result in a significant and unavoidable impact.

In addition to the demolition and alteration of contributing features to the NRHP/CRHR potentially eligible DeWitt General Hospital Historic District discussed above, the proposed project would alter this historic district through the addition of non-contributing features (buildings, roads, and parking lots). Addition of these non-contributing features into the DeWitt General Hospital Historic District would also lessen the integrity of this historic district's design, materials, workmanship, setting, feeling, and association. Mitigation has been identified to lessen the impacts of the addition of non-contributing features. However, mitigation will not lessen the impact to a less than significant level and therefore the addition of non-contributing features would result in a significant and unavoidable impact.

12.4 MITIGATION MEASURES

Damage to Archaeological or Paleontological Resources or Disturbance to Any Human Remains

Mitigation Measure 12.1a: Immediately stop ground disturbing activities in the project vicinity and consult a qualified professional archaeologist or paleontologist, the Placer County Planning Department, and the Placer County Department of Museums if buried cultural deposits are discovered during construction. If the discovery includes human remains, then the Placer County Coroner and Native American Heritage Commission must also be contacted.

In the event of the discovery of buried archaeological artifacts, exotic rock (non-native), or unusual amounts of shell or bone, that project activities in the vicinity of the find shall be immediately stopped and a qualified professional archaeologist or paleontologist shall be consulted to assess the resource and provide proper management recommendations. In addition, the Placer County Planning Department and Placer County Department of Museums shall be contacted. Such recommendations for important resources could include capping (*Mitigation Measure 12.1b*), or data recovery excavations (*Mitigation Measure 12.1c*). Work in the area may only proceed after authorization is granted by the Placer County Planning Department.

Mitigation Measure 12.1b: Cap resource area with layer of soil. If important cultural resources are found the feasibility of capping such resources shall be considered. An acceptable process of “capping” archaeological resources with soil must include the following elements:

- a. The soils to be covered must not suffer serious compaction;
- b. The covering materials must not be chemically active;
- c. The site must be one in which the natural process of deterioration has been arrested; and,
- d. The site must have been recorded, including the area extent of subsurface deposits.

Mitigation Measure 12.1c: Conduct data recovery excavation.

As an alternative to *Mitigation Measures 12.1b* at identified important or potentially important cultural resource sites, the County shall retain a qualified professional archeologist to conduct data recovery excavation. In compliance with CEQA, implementation of this mitigation measure would entail preparation and adoption of a Data Recovery Plan that makes provisions for adequately recovering the scientifically consequential information from and about the resource. The data recovery plan must be prepared and adopted prior to commencing any excavation activities.

Substantial Adverse Change in the Significance of a Historical Resource Through Demolition and/or Alteration

Mitigation Measure 12.2a: Conduct recordation of the DeWitt General Hospital Historic District to Historic American Buildings Survey (HABS) standards. Recordation shall be undertaken of the DeWitt General Hospital Historic District. This recordation will meet the National Park Service's Historic American Buildings (HABS) standards. The National Park Service will define the level of HABS recordation during the federal Section 106 Consultation process. Recordation is expected to include:

- a. A written descriptive and historic report,
- b. Large format photography of any original plans, and
- c. Large format photography of:
 - 1 The contributing features within the DeWitt General Hospital Historic District and
 - 2 The setting of the contributing features within the DeWitt General Hospital Historic District.

The written descriptive and historic report shall be prepared by an architectural historian who meets the Secretary of the Interior's professional qualifications for architectural historian. The large format photographic work shall be done by a photographer who meets the Secretary of the Interior's professional qualifications for photographers.

Mitigation Measure 12.2b: Provide photographic recordation and reports to local and state repositories.

The written descriptive and historic report, negatives, large format contact prints, and photographic index, undertaken in Mitigation Measure 12.2a, and copies of the *Historic Property Survey Report for the Proposed Home Depot Project* (Kostura pers. comm.) and *Historic Architectural Survey Report for the DeWitt Center* included in the *DeWitt Center Existing Conditions Report* (NFA/URS, 2002) shall be provided to the California State Archives.

A local repository shall be identified and a high quality copy of the recordation and copies of the *Historic Property Survey Report for the Proposed Home Depot Project* (Kostura pers. comm.) and *Historic Architectural Survey Report for the DeWitt Center* included in the *DeWitt Center Existing Conditions Report* (NFA/URS, 2002) shall be provided to this local repository.

Mitigation Measure 12.2c: An onsite interpretative panel shall be developed for display within DeWitt Center. The display shall be a synthesis of the *Historic Property Survey Report for the Proposed Home Depot Project* and *Historic Architectural Survey Report for the DeWitt Center* included in the *DeWitt Center Existing Conditions Report*.

The interpretative panel shall provide the following information:

- a. Text describing the design, construction, and subsequent history of the DeWitt Center with particular emphasis placed on the years 1942 through 1945, the period the complex was determined to be of national significance (Kostura 2002).

- b. Historical graphic illustrations of the DeWitt Center including reproductions of any available original plans and photographs taken during construction and operation, again with emphasis on the period of national significance (1942 through 1945).
- c. Contemporary graphic illustrations of the DeWitt Center including photographs of contributing features and setting of the DeWitt General Hospital Historic District.

The onsite interpretative panel may initially be placed within the public use areas of the proposed Land Development Building. Such a placement would provide a large number of visitors to DeWitt Center the opportunity to view the display.

The County shall fund the development and installation of the interpretative panel. The display shall be modular and readily transportable in order that it may be displayed in alternate locations throughout DeWitt Center. Plans for the panel including proposed text and illustrations shall be submitted to the California SHPO for review and comment.

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